Copy to Norman Kretchmer at UC/Berkeley

✓ 12/29/88

THE UNIVERSITY OF TENNESSEE
MEMPHIS
The Health Science Center

Ltd chloramphenicol.

College of Medicine
Department of Medicine
956 Court Avenue, Room H316, Memphis, TN 38163
(901) 528-5798

December 16, 1988

Dr. Joshua Lederberg
The Rockefeller University
New York, NY 10021

Dear Doctor Lederberg: (NEJM) — 1 case

Thank you for your note concerning our 1969 publication describing chloramphenicol related aplastic anemia in identical twins. To my knowledge, this is the only such report in the literature and as you say, the current restricted use of chloramphenicol, at least in this Country, it is unlikely that such observations will be possible in the future. I do not know that anyone has systematically looked at the possibility of consanguinity in some of the chloramphenicol related cases of aplastic anemia. There always has been some thought that a genetic predisposition might be involved because of the relative rarity of chloramphenicol related aplastic anemia (calculated to be about 1 in 60,000 patients treated). Also, the apparent lack of a dose relationship would favor a host susceptibility. It is also of interest that in some countries, particularly, in the Middle East, where lots of chloramphenicol has been and is still being used, cases of aplastic anemia appear to be even less common than in this Country, suggesting the possibility that the genetically determined predisposition might be somewhat population limited. I do not know, however, of any systematic studies that have been made to confirm this hypothesis.

My very best regards to you.

Sincerely,

Al Mauer

Alvin M. Mauer, M.D.
Chief, Hematology and Oncology

AMM/ss

FYI

Best wishes

Josh

* floral reductases to $-NH_2$ / $-NHOH$? may also differ

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